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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	10/616,997
Filing Date	07/11/2003
First Named Inventor	BIBIAN, Stephane
Art Unit	3735
Examiner Name	TOTH, Karen E
Attorney Docket Number	B564 001/BMG

I hereby rev	I hereby revoke all previous powers of attorney given in the above-identified application.				
	A Power of Attorney is submitted herewith.				
OR I herel	by appoint	the practitioners associated with the	e Cust	omer Number:	
Please change the correspondence address for the above-identified application to: The address associated with Customer Number:					
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Country		USA			
Telephone		(216) 773-0915		Email tanja071@yaho	o.com
I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)					
	SIGNATURE of Applicant or Assignee of Record				
L	Signature Ship Ship				
Name	Name MIHAI HUZMEZAN				
Date April 1 ⁵¹ , 2008 Telephone Go 4 649 6692					
NOTE: Signatures signature is requir		stors or assignees of record of the entire interest o	r their rep	presentative(s) are required. Submi	it multiple forms if more than one
✓ *Total o	*Total of8forms are submitted.				

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	e correspondence address for the a associated with umber:	bove-identified a	application to:	,
Firm or Individual Name	Tatjana ZIKOV			.*
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	tor. ord of the entire interest. See 37 C r 37 CFR 3.73(b) is enclosed. (Forn			
SIGNATURE of Applicant or Assignee of Record				
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Name Guy A. DuMont				
Date Dare	l 25, 2008	Telephone	604-8	22-8564
NOTE: Signatures of all the inversignature is required, see below*	ntors or assignees of record of the entire interest o	r their representative(s)	are required. Subm	nit multiple forms if more than one
✓ *Total of 8	forms are submitted.		***	

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	Art Unit	3735
	Examiner Name	TOTH, Karen E
	Attorney Docket Number	B564 001/BMG

AND
CHANGE OF CORRESPONDENCE ADDRESS

I hereby revoke all pro	evious powers of attorney given	in the ab	pove-identified applic	ation.
	ney is submitted herewith.			
OR ☐ I hereby appoint	the practitioners associated with the	e Custom	ner Number:	
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THETEBY TEVORE All DI	evious powers of attorney given	iii iiio i	above-lacitaties applie	outon.
A Power of Attorn	ney is submitted herewith.			
OR				
I hereby appoint	the practitioners associated with th	e Custo	omer Number:	
Please change th	e correspondence address for the a	above-io	dentified application to:	
	associated with			
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	cord of the entire interest. See 37 C er 37 CFR 3.73(b) is enclosed. (Fore			
	SIGNATURE of Applicant	t or Ass	signee of Record	
Signature				
Name	CRAIG P. RI	ES		
Date 28	March 2008	Te	elephone 6048	375-4304
NOTE: Signatures of all the inve signature is required, see below	ntors or assignees of record of the entire interest o	or their rep	resentative(s) are required. Submi	t multiple forms if more than one
✓ Total of 8	forms are submitted.			T.

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OR I hereby appoint	the practitioners associated with the	ne Customer Number:		
	e correspondence address for the a associated with umber:	above-identified application	on to:	
Firm <i>or</i> Individual Name	Tatjana ZIKOV			
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Name	TAISANA ZIEU			
Date	1avor 28,2008	Telephone 216	773-0915	
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	SIGNATURE of Applicant	or As	signee of Record	
Signature	r Pail			
	Name ERNEST PUIL			
Date man	uh 26, 2008	T	elephone 604 82	25080.
NOTE: Signatures of all the inver signature is required, see below*	ntors or assignees of record of the entire interest or	r their rep	presentative(s) are required. Submi	t multiple forms if more than one
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Name Bernard Machend						
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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.						
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OR Firm or Individual							
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SIGNATURE of Applicant or Assignee of Record							
Signature Chmade							
Name Hoss (Hossain) AHMAB i-NowBARI							
Date	Marc	L 28, 0B		1 t	- 733	-7104	
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